Trans* Mental Health: Understanding and supporting gender diverse young people in an educational setting

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YouthLink

Objectives

- Understand diverse sexuality, sex, and gender and related terminology
- Understand the unique challenges that face gender diverse people, and how these factors impact mental health and wellbeing
- Increase knowledge and confidence to welcome and respond supportively
- Consider assessment and intervention options
- Consider strategies to improve inclusive and knowledgeable practices within schools
- Consider community and online resources available for young people, families and clinicians

Continuum exercise… Where do you sit?

- You can tell someone is gay, lesbian or trans* by the way they look
- Gender diverse people are actually gay
- The sex assigned to a person at birth is their “real” sex or gender
- In a relationship, one partner usually plays the role of male and the other plays the role of female
- You can be either male or female only
- If a person has gender issues, they will bring them up with their worker

So what's the difference?

Sex – physical body

- Biological aspects of being male/female
- Sum of biological traits that produce a phenotype i.e. typical appearance
- Chromosomes, gonads, hormones, and physical appearance
- Determined for us - binary option assigned at birth, essentially constant

Sexuality – sexual relationships

- To whom you hold sexual, romantic, emotional feelings of attractions

Gender

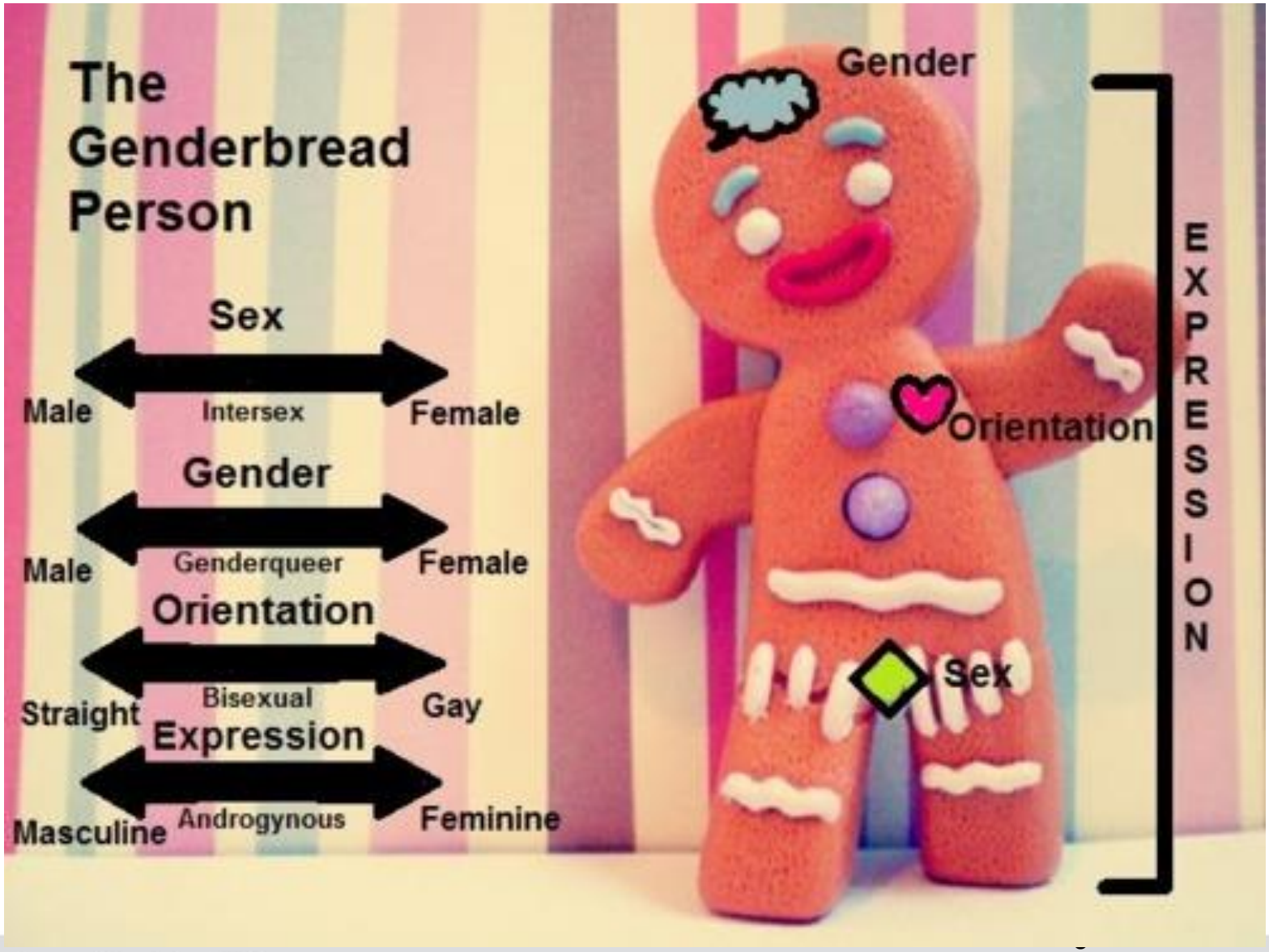
- Social construct of what society, culture, family or peers consider maleness/femaleness
- Fluid; changeable over time /circumstances

Gender Identity – how we experience/perceive ourselves to be

- Inner sense of being/feeling male/female, both, neither or in-between
- Includes:

  Gender Role: how we are told to behave (appearance, behaviour, activities etc) by society based on our assigned sex at birth.

  Gender Expression: how we actually choose to behave and communicate our gender to society.


The Genderbread Person
Sex
Male
Intersex
Female
Gender
Male
Genderqueer
Female
Orientation
Straight
Bisexual
Gay
Expression
Masculine
Androgynous
Feminine
Gender
Orientation
Sex
EXPRESSION

Sexual Identity terminology

- **Homosexual** – same-gender attraction
  - Don't say "he is a homosexual" – outdated and negative connotation
- **Gay** – mostly associated with men who are mostly attracted to other men. Can be used as umbrella term for same-gender attraction across genders. E.g., Gay men and women
- **Lesbian** – women who are mostly attracted to other women
- **Bisexual** – attracted to both men and women
- **Pansexual** – attracted to others regardless of biological sex or gender (or non-gender) identity
- **Asexual:** Absence of sexual attraction to anyone or anything, although this does not preclude romantic attraction. About 1% of the population identifies as asexual. (Bogaert, 2004)

Gender Terminology

Trans

An umbrella term including transsexual and transgender.

Transgender

An umbrella term used to describe a broad range of non-conforming gender identities and/or expressions.

The non-identification with, or non-presentation as, the sex (and assumed gender) one was born as/assigned at birth.

Usually includes all gender diverse/trans persons, but some prefer not to use this term.

Gender Terminology

Cisgender

A person whose gender identity *matches* their assigned sex.

- A person who was assigned male at birth and identifies as a man.
- A person who was assigned female at birth and identifies as a woman.

Cisgender is the opposite of transgender and is used to label those who's gender is not trans.

Gender-related Terminology

- Gender diverse
- Genderqueer
- Drag queen
- Queer
- Fluid
- Transgender
- Transsexual
- Cisgender
- Sistergirls / brotherboys
- Transman
- Transwoman
- Transitioning
- Gender identity
- Biological sex
- Masculinity / femininity
- Gender questioning
- Transvestite
- Gender dysphoria
- (Intersex)
- Gender non-binary

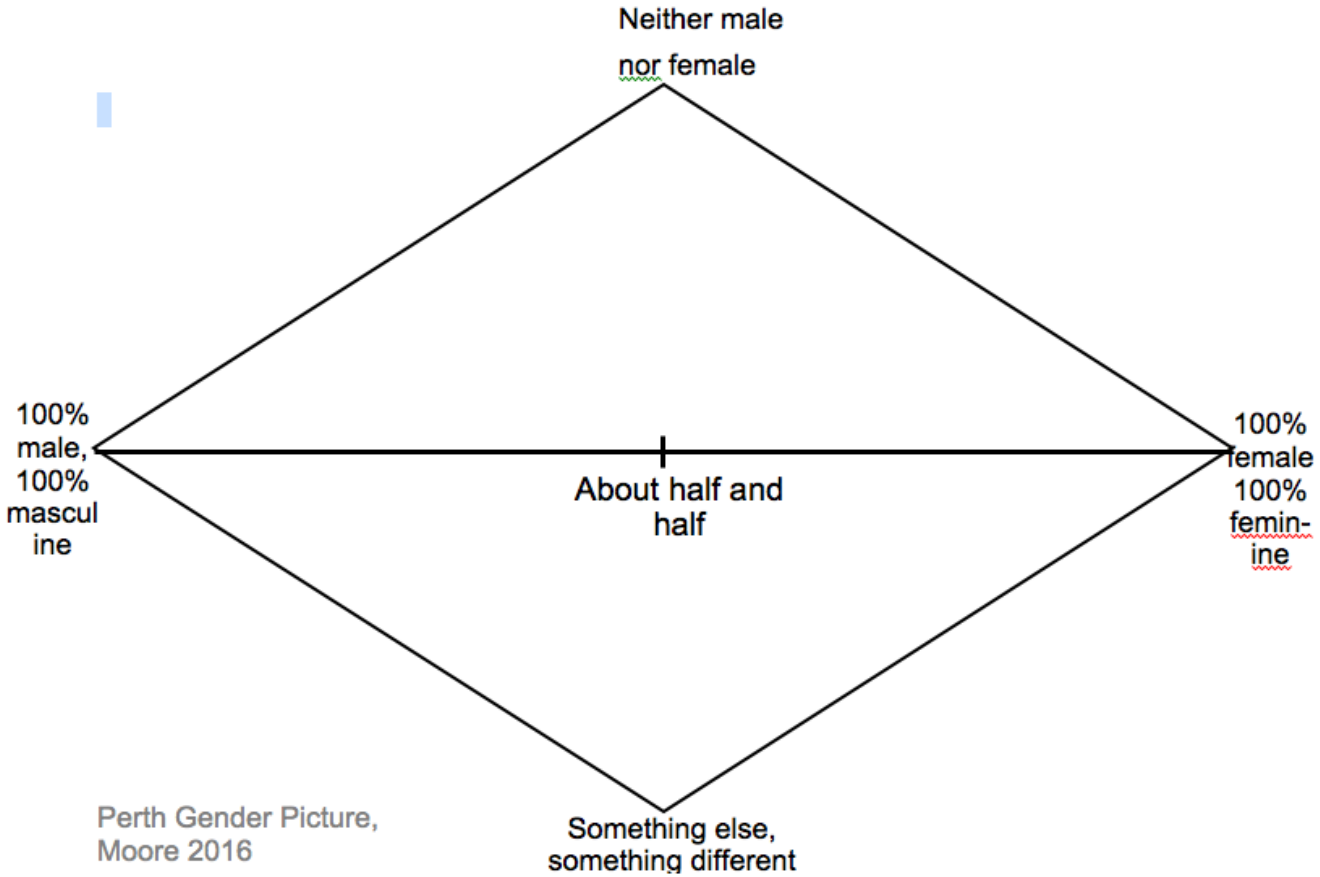
Terminology and Phrases

Transgender	Umbrella term; non-identification with, or non-presentation as, the sex (and assumed gender) one was born as/assigned at birth
Transsexual	More specific regarding someone who transitions from one sex to the other
Transvestite/ Crossdresser	Dresses in clothing of the "opposite" gender – not an indication of sexuality or gender identification
Drag	Performer who exaggerates characteristics of "opposite" gender
Queer	Umbrella term for those who are not heterosexual or cisgender
Cisgender	Gender identification aligned with that which was assigned at birth
FtM & MtF	Female to male (transman); Male to Female (transwoman)
"T"	Testosterone
Masculine / Feminine	Attributes, behaviours, and roles generally associated with being a man / woman

Terminology and Phrases

Androgynous	Combination of male and female attributes, behaviours, and roles
Pass	Perceived by others as the gender one desires to be
Intersex	A person born with reproductive organs, genitalia, and/or sex chromosomes that are not exclusively male or female. E.g., scrotum that is divided so that it has formed more like labia
Stealth	A person who presents solely as their preferred gender.
Gender Identity Disorder	Previously diagnosable condition, now replaced by Gender Dysphoria to recognise that identity itself is not a clinical problem requiring treatment
Transition	Broad term to refer to the process of person affirming their gender identity – includes social, medical, and legal steps. Complex and individual

More complex understanding



Perth Gender Picture,
Moore 2016

Coming Out

- Young people are coming out at younger ages (*60% by 13 years old, 85% by 15 years old)*
- More middle-aged people are coming out due to greater visibility
- Greatest risk of suicide is after a person has come out to themselves but before they've told anybody else
- Wide diversity in responses to coming out among families from acceptance, to tolerance, to rejection and abuse
- Rejection following disclosure is associated with higher rates of self harm and suicide attempts in young people
- Family acceptance is the largest protective factor for young people

Spectrum

- Minor gender concerns are more common than diagnosable gender dysphoria / transsexualism

- In a 2012 survey of 8,166 New Zealand high school students, 1.7% described themselves as “transgender” and 2.5% described themselves as being “unsure about their gender”

(Clark et al, 2014)

Mental Health Issues

- Trans young people have higher rates of psychiatric morbidity than the general population.
- Trans young people have higher rates of depression, anxiety, illicit drug use, self-harm and suicide
- Usually in the order of 2 to 3 times their cisgendered matched controls
- 29% illicit drug use (past 12 months)

Suicide

- LGBTI people have **some of the highest rates of suicidality** of any population in Australia
- 20% report suicidal ideation
- **Up to 50% of trans people have attempted suicide**

Trans* Mental Health

- 29% current major depression (vs. 19.2% of LGB)
- 57% previous Dx of depression
- 35% current anxiety and panic (vs. 31.5% of LGB)
- 29% illicit drug use (past 12 months) (Hyde et al., 2013)
- 20% report current suicidal ideation (Rosenstreich, 2011)
- **21% frequent suicidal ideation or self-harm (vs. 2.3% of general pop)**

Trans* Pathways research

- Australia-wide
- Research team, with a community focus group
- Developed two online surveys
  1. 14 – 25 year old gender diverse YP about their mental health, drivers and protective factors, and experiences in accessing mental health and medical services
  2. Parents of gender diverse YP 25 years and below

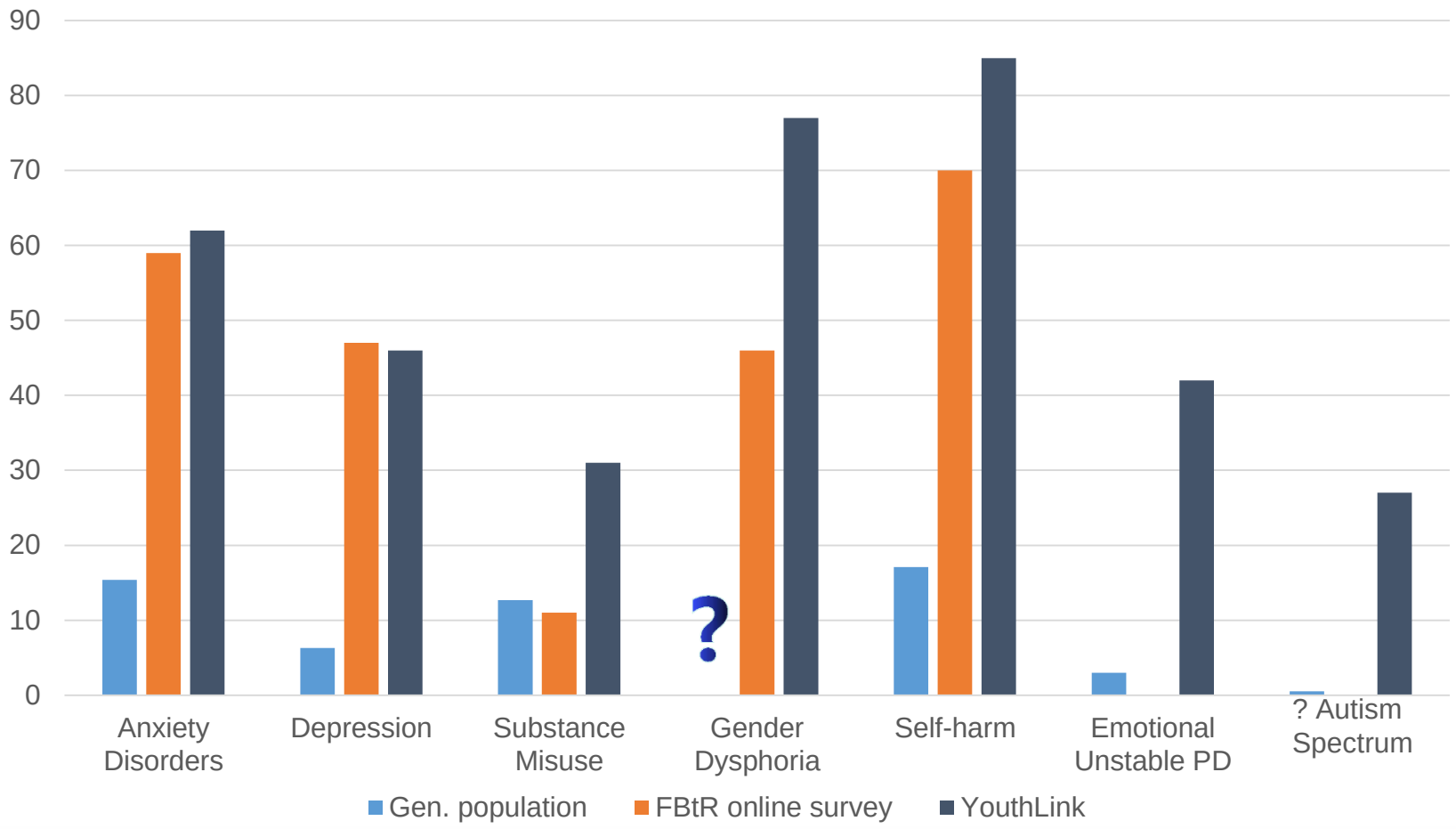
Trans* Pathways preliminary results

- 881 young people, 213 parents
- Currently only analysed the first 403 respondents, and only the mental health section
- Over 75% had self-harmed
- Half had attempted suicide
- Suicide attempts and self-harm most strongly associated with school issues
- High rates of physical and sexual abuse

Trans* Pathways research

- Most common psychiatric diagnoses:
  - Depression
  - Anxiety (mostly social anxiety)
  - PTSD
  - Autism spectrum (approx one quarter)
- Also high rates of personality disorders, psychosis, eating disorders, and substance use
- Reaffirms the need for actively inclusive mental health services

Comparing Australian Data



Transphobia & Homophobia

There is a direct correlation between the levels of homophobia and transphobia a person is exposed to and their risk of self harm, suicide and drug use. **The worse the abuse the higher the risk.**

La Trobe University - Australian Research Centre in Sex, Health & Society

"It is important to state that nearly all of these increased health risks are a direct result of the societal marginalisation and stigmatisation of sexual minorities.

They ARE NOT due to people being identified as being lesbian, gay, bisexual or transgender. Homosexuality itself does not pose some genetic or biological hazard. It is the negative reactions of others to it that creates the problems."

Dr Kerryn Phelps
(former Australian Medical Association President)

People frequently yell at me as I walk down the street, most likely because I'm relatively effeminate, for a boy (It's kind of hard not to be when you're not technically male). I suffered a lot of transphobic abuse at my high school.… A group of boys in my year used to regularly threaten me with physical violence ("If you're a boy, we can hit you") and sexual assault ("We should prove to you that you're a girl", often accompanied by being pushed into walls). They would also often show me pornography in class, often of a lesbian or transsexual nature, by shoving phones and iPods into my face. (Reagan, 17 years)

Video:
Marlee’s real life story

Minority Stress

- Gender diversity is not the precipitator of stress; it's the social context!
- Trans people are exposed to additional stressors cisgender people don't experience
- Experience and expectations of discrimination, rejection, victimisation, prejudice etc;
- Internalised heterosexism, homophobia and transphobia
- Concealment of self

The Fallout

- Increased isolation
- Increased risk of experiencing violence
- Early drop out of education
- Higher rates of homelessness
- Reduced help seeking behaviours
- Increased use of drugs and alcohol
- Poorer health outcomes
- Increased rates of suicide and mental health problems

All due to the effects of marginalisation and discrimination

Psychiatric diagnoses

- DSM-5: Gender Dysphoria. 6 month duration. No age criterion.
- ICD-10: Gender Identity Disorder of Childhood
- ICD-10: Transsexualism. 2 year duration.

- Strong aversion to natal sex / gender, and strong perception of self as the other gender; strong desire to act, live, and physically be the other gender

Gender Dysphoria

- Previously referred to as Gender Identity Disorder (GID) in DSM-III and IV

DSM-V: Gender Dysphoria

- The distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.
- Although not all individuals will experience distress as a result of such incongruence (or the non-conformity of their gender identity / expression from the prescribed cultural norms), many are distressed if the desired physical interventions (hormones and/or surgery) are not available.
- The current term is more descriptive than the DSM-IV and focuses on ***dysphoria*** as the clinical problem and not ***identity*** per se.

Two modes of presentation

- 1. Gender dysphoria since early childhood, expressed by child and observed by others, consistent over time.
- A proportion of these children will no longer identify as the other gender after puberty
- A substantial proportion remain gender dysphoric and become more distressed at puberty.

Two modes of presentation

- 2. No particular concerns around gender identity were noted in early childhood or primary school age by family
- (Sometimes the young person agrees; sometimes they say they always felt different but could not explain / express it, or knew but could not tell others)
- Gender dysphoria emerges at puberty and a wish to be the other sex is expressed for the first time

WPATH Standards of Care

- The World Professional Association for Transgender Health (WPATH) has developed internationally recommended guidelines for treatment:

- "The overall goal of the *SOC* is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfilment."

Standards of Care, 2012

Pathologisation of gender diversity

- World Professional Association for Transgender Health released a statement in May 2010 urging for the depsychopathologising of gender nonconformity and diversity world-wide.
- *Gender diversity (nonconformity)* is different to *gender dysphoria*
- WPATH: “Such a diagnosis is not a license for stigmatization or for the deprivation of civil and human rights”.
- Although not all individuals will experience distress as a result of gender incongruence (or the non-conformity of their gender identity / expression from the prescribed cultural norms), many are distressed if the desired physical interventions are not available.

Gender Affirmation Guidelines

Interventions for young people (including those under 18 years) may involve:

- Psychiatric/psychological assessment .
- Social support to live as much as possible in their identified gender and as they prefer.
- Psychological support for adjustment and well-being aimed at reducing any co-morbid problems, supporting exploration, increasing acceptance, assisting the family, and helping to make decisions regarding implementing changes – **without an agenda for the outcome of gender identification**

- Physical interventions (if requested by the young person and within treating team consensus) to assist in affirming their identity, reduce body dysphoria, and improve psychological and social well-being.

  Includes access to :

- Puberty-suppressing treatment
- Cross-hormone treatment from age 16 years onwards (Family Court of WA)
- Surgical interventions

Providing Inclusive Services

Providing Inclusive Services

- Communication
  - Psychosocial support
- Welcoming Environment
- Organisational Culture and Processes

Communication

- Use open, inclusive language that is gender-neutral (e.g., partner, parent), and is not based in heteronormative assumptions.
- Invite discussion with all young people about their gender identity. Actively explore identity and expression.
- Respond in an affirming, respectful and appropriate way to disclosures about gender identity, sexual orientation and intersex status.
- Don’t get caught up with labels as this can be limiting. Consider talking about feelings, behaviour and using continuums.

People are unlikely to spontaneously volunteer their gender issues (less than 40% disclose their identity)

We need to invite them to discuss and welcome their responses.

Ask the questions!

- Who are you sexually attracted to? Girls, guys, both, or neither?”
- Many people can find that they struggle with or have some mixed feelings about their gender/who they are attracted to, is this an issue/concern/question for you?”
- “How would you describe your sexuality? Have you always felt this way?”
- “Was the gender assigned to you when you were born the gender you feel most comfortable with?”
- How do you identify in your gender?”
- Use Continuum – “imagine yourself on this scale between male and female, where would you sit at present (if at all)? Has it always been this way for you?” (can also use for sexual orientation)

Ask the questions!

- “How would you describe your experience of gender?”
- “Do you think that the gender you were assigned restricts the way you live, behave, or express yourself?” (e.g., dress, appearance etc).
- “How much do you feel you can be yourself at home?”
- “Do you feel forced to behave in certain ways because of your gender/sexual orientation? What happens when you don’t act in those ways? How do you feel in yourself?”
- “My understanding of genderqueer is……, how does that fit with how you identify as genderqueer?”

Ask the questions!

- Ask what pronouns the young person prefers (both privately and publicly)
  - What pronouns would you prefer me to use with you?
  - What pronouns would you prefer to use in the group?
  - And how about other staff, such as reception staff, other agencies?
  - How about when I leave messages for you on your phone or with others?"
- Ask about preferred name
  - "You have recorded your name as X, is this your preferred name or do you prefer to be called a different name?"
  - Explain that on some official reports their birth name can only be changed if legally done so

Consider your feelings about asking questions, and your responses, to clients' disclosure of gender diversity

E.g., avoidance of the issue, assuming DSG is the issue, surprise/discomfort/nervousness

Working therapeutically with gender diverse clients

Goals of Psychosocial Support

- Create a safe and supportive environment
- Work towards acceptance of their gender and personal identity
- Accurately mirror their lived experience as it matches their authentic self
- Work through relationship difficulties, and also sexual issues / intimate relationships
- Strengthen coping skills, problem-solving, and resilience
- Provide information, support and hope
- Treat associated mental health and behavioural issues
- Support exploration and/or transitioning
- Refer to and liaise with other professionals and agencies

Responding to disclosure, questioning? confused?

- Positively affirm and normalise their gender/sexuality experience. Point out they are not alone (provide statistics)
- Listen to their story and any feelings (including positive feelings or feelings of fear, isolation, and inner conflict)
- Explore how they feel about their gender/sexuality eg., fears, stigma
- Help them to distinguish between their sex, gender, sexual orientation (feelings, behaviour, identity), and gender expression – use continuums
- What does this mean for them?
- Provide accurate information and dispel myths
- What consequences does this have for them? Eg., rejection

Responding Supportively to Disclosure

- Explore any safety/discrimination issues they may have faced esp. at school, and seek to address these – develop a safety plan
- Assist them in overcoming social isolation by linking them in with other people, resources, and services (medical specialists, referral options, support groups, internet websites, booklets)
- Offer them assistance and guidance in coming out to others and managing transphobic/homophobic situations
- Be especially mindful of their confidentiality and advise them of this
- Be sensitive to the impact on the family system, be prepared to educate and support family members
- Encourage them to attend in their preferred gender, confirm preferred pronoun use and name

Assessing issues further

- **Nature of gender and sexuality concerns**
- **Feelings about gender and sexual diversity**
- **Impact of gender and sexuality issues**
- **Co-occurring psychosocial /other problems and resilience factors**

- Following assessment, treatment can involve: psychological interventions, social interventions, physical and medical interventions

Non-Medical Methods of Gender Affirmation

- Process of coming out to self, others, and making changes to live as their affirmed gender.
- Name, pronouns, clothing and other forms of expression.
- Suppression of non-identified physical characteristics:

e.g., chest binding
make-up
packing / tucking genitals
IPL
speech therapy
clothing
use of prosthetics

Legal Documents

- Change of gender: Passport
  - Medical practitioner or psychologist to provide support on application
- Change of gender: Medicare
  - Done in person at local service centre
  - Statement from medical practitioner or psychologist or Passport that specifies gender
- Change of name
  - $165
- Change of birth certificate
  - http://www.courts. dotag.wa.gov.au/g/ gender_reassignment_ board.aspx#downloads

Medical Interventions

- Not all gender diverse people will want medical treatment to affirm their identity
- Do not assume – must ask, and respect their choice
- A number of trans* young people will want medical treatment (ie. hormone treatment and possibly surgery), and will request this with urgency due to their distress
- The aims of medical treatment are to assist in affirming the individual's identity, reduce body dysphoria, and improve psychological and social well-being

Rationale for Early Medical Treatment

- Changes associated with puberty are often associated with worsening of gender dysphoria and this can be relieved with puberty suppression
- Gender dysphoria rarely desists after the onset of pubertal development
- Pubertal suppression is effective, reversible and safe
- Medical intervention at the optimal time assumes better physical and psychological outcomes with decreased need for surgical interventions in the longer term (e.g., mastectomy)

Medical Treatment for under 18s

1. Assessment by an Endocrinologist, Psychiatrist, and Psychologist to confirm gender issues and readiness/willingness for medical treatment. Fertility considerations
2. Engagement in psychological counselling throughout the process
3. Once puberty begins, initial hormone treatment to suppress pubertal development (completely reversible)
4. Introduction of “cross-sex” hormones at the age of 16 years .This step requires Family Court approval
5. Surgery is usually not recommended under the age of 18 years, some exceptions for chest surgery

Multiple barriers for under 18yo young people in this process, and commonly high levels of distress

Male-to-Female Medical Treatment Options

- Puberty blockers or anti-androgens
- Oestrogen. Feminising effects:
  - Decrease in body mass and redistribution of fat
  - Decreased sex drive
  - Nipple and breast growth
  - Skin and hair softening
  - Decreased ability to make sperm
  - Emotional changes
- MTF genital reconstruction
  - Vaginoplasty (construction of vagina)
  - Penectomy (removal of penis)
  - Orchidectomy (removal of testes)
  - Clitoroplasty (construction of clitoris)
- Facial feminising surgery (eg. tracheal shave)
- Breast augmentation
- Laser hair removal

Female-to-Male Medical Treatment Options

- Puberty blockers (only for under-18s)
- Testosterone:
  - Increased sex drive
  - Growth of clitoris
  - Increased muscle mass
  - Menstrual periods stop
  - Emotional changes
  - Voice deepening
  - Growth of facial hair, thicker hair growth on body
- Chest (or “top”) surgery eg. bilateral mastectomy
- Hysterectomy and oophorectomy (removal of uterus and ovaries)
- Phalloplasty (construction of penis- very poorly developed so far)

Cont. Providing an inclusive service

Welcoming Environment

- Actively signal you are a friendly service by displaying LGBTI and trans* inclusive materials in student services, counselling rooms etc.
- Materials include posters, rainbow stickers, publications/papers by local groups, images etc
- Avoid heteronormative assumptions in educational material, curriculum etc. Educate staff about diversity and inclusivity.
- Advocate for trans* young people to attend in preferred uniform and address with preferred name, title and pronoun.


WHEREVER YOU
& YOUR GENDER SIT
THERE IS A PLACE WHERE
YOU CAN BE YOU
Gender, sex and sexuality are not black and white.
If you are under 26 and identify as transgender, intersex or gender-queer or are exploring what gender means for you, Twenty10 can help you access the support and information you may need.
Support line: (02) 8594 9555
Regional freecall: 1800 65 2010
www.twenty10.org.au
twenty10


This is a Safe Space
Everyone here
is valued
respected
listened to
has rights &
is free to be themselves
Not so straight? You're not alone
freedom.org.au
fcyeah.tumblr.com
forum: fcf.org.au
Supporting the health and diversity of young people's sexuality and gender
Freedom centre

Welcoming Environment

- Problem-solve and advocate for their choice in toilets, change-rooms, and attendance at same-gender activities.
- Be aware of cisgendering (assuming one's gender matches their birth gender) and misgendering (eg. using 'she' when a person identifies as 'he').
- Allow people to choose the most appropriate toilet and

Image source: http://www.calbuzz.com/2014/01/right-wing-fired-up-on-transgender-bathroom-access/

Organisational Culture and Processes

- Organisational policy on the provision of an inclusive and knowledgeable whole school approach to diversity
- Check anti-discrimination and anti-bullying policies include specific reference to homophobia and transphobia
- Staff education and training; an identified Champion?
- Documentation and forms – use preferred name and pronouns, discuss how this is recorded and used consistently
- Confidentiality and disclosure
- Develop specific LGBTI database and directory of resources
- Encourage and affirm a culture of diversity among staff (and in education), support from senior management!!

Resources

Referral and Consultative Services

- Living Proud (previously Gay and Lesbian Community Services - GLCS)
- The Freedom Centre (up to 26 years)
- The WA AIDS Council (WAAC)
- YouthLink
- Gender Diversity Service (GDS - PMH)
- RPH Sexual Health Clinic
- SCGH Endocrinology
- Parents and Friends of Lesbians and Gays (PFLAG)
- Mental Health Professionals Network
- Australian and New Zealand Professional Association for Transgender Health

Websites

- www.openingclosets.com
  - Facts, policies, resources and referral options for service providers.
- www.freedom.org.au
  - Information, resources, links, and support for young LGBTI people.
- www.safeschoolscoalition.org.au
- http://www.safeschoolshub.edu.au/safe-schools-coalition-australia-resources

  Information, resources for schools
- www.acon.com.au
  - A leader in LGBTI health and wellbeing, providing an online support service.
- www.qlife.org.au
  - National counselling and referral service for LGBTI people. Phone and online counselling available 5.30pm – 10.30pm, ph: 1800 184 527.
- www.lgbtihealth.org.au
  - National LGBTI Health Alliance page. Current mental health resources including LGBTI Champions project

Websites

- www.free2be.org.au
- www.pflagaustralia.org.au
- www.transgendercare.com
- www.trans-health.com
- www.ausgender.com/
- www.equalityrules.info
- www.glhv.org.au
- http://au.reachout.com/Wellbeing/Personal-Identity/Gender
- www.t-vox.org
- www.tsroadmap.com
- www.gendercentre.org.au
- www.atsaq.com/new-g-clinic.html
- www.ftmaustralia.org

Supports/Referrals - GPs

Dr Elizabeth Kerr	(08) 9486 4556
Dr Mark Kent	(08) 9486 4556
Dr Fiona Campbell	(08) 9285 5100
Dr Helen Wilcox	(08) 9272 5533
Dr Maria Kailis	(08) 9387 2000
Dr Rowena Koek	(08) 9381 8154
Dr Kathi Bleeker-Suazier	(08) 93075344
Dr Jane Diamond	(08) 9481 4342
Dr Warren Saint	(08) 9279 9422
Dr Fiona Coombes (Curtin only)	(08) 9266 7345
Dr P Helmuth	(08) 9446 6979
Dr Juliet Tan	(08) 9306 1940
Dr Ashford	(08) 9434 3555
Dr Nicola Woods	(08) 9439 4411
Dr Jenny Ho	(08) 9225 1188
Onslow Road Family Practice	(08) 9381 4733
GP on Beaufort (Dr Wozencroft, Dr McCabe)	(08) 9262 8600

Supports/Referrals - Psychiatrists

Dr Geetha Menon	(08) 9494 3723
Dr Russell Date	(08) 9488 2983
Dr Rebecca Rhys-Maitland (children)	(08) 9486 5800
Dr Frederick Ng - (13yr and under)	(08) 9486 7255
Dr Helena Piirto	(08) 9385 0077
Dr. Jarek Komeda-Hryniewi	(08) 9486 7399
Dr. Charmaine Myers	0411 898 122

Tommy

- 15 years old, biologically born female sex, identifies as male in gender, using male name and wearing male clothing
- Became aware of his gender identity at age 13 years with the onset of puberty. Previously had “felt different”, did not fit in socially, “tomboy”
- Transitioned socially to male when 13 yrs old, came out to Mum at 14 yrs. Mum is supportive, but father and brother refer to him as “Sarah” despite his requests
- Hates his female body, avoids seeing himself naked, avoids using public toilets, distress increases with menstruation
- Binds his chest very tightly and hates his breasts
- Highly distressed by being misgendered as female in public. Missing school due to anxiety about this
- Stated that he is so upset by his gender issues that he just wants to die. Has attempted suicide twice. Previous self-harm.

Tommy cont.

- Copes with distress by blocking his feelings out and does not talk about his issues with any of his friends
- Symptoms of Major Depression secondary to gender issues
- Desperately wants chest surgery and testosterone treatment to begin physical transition to male
- Had attended school “stealth” but misses one subject due to the teacher misgendering him and avoids physical education


Thanks for coming!!!